

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM			
UNCLASSIFIED	CONFIDENTIAL		
OFFICIAL ROUTING SLIP			
TO	NAME AND ADDRESS	DATE	INITIALS
1	D/OPS/OSA		
2			
3			
4			
5			
6			
ACTION	DIRECT REPLY	PREPARE REPLY	
APPROVAL	DISPATCH	RECOMMENDATION	
COMMENT	FILE	RETURN	
CONCURRENCE	INFORMATION	SIGNATURE	
Remarks: 25X1A Attached hereto is a copy of [REDACTED] and [REDACTED] 69 forwarded in accordance with [REDACTED] oral request. It is requested that you review the attached in order to determine whether we have requirements which would serve to utilize the excess Depot capacity referred to by [REDACTED]. This has been coordinated informally with D/M who has indicated no known requirements. Upon your reply, I will prepare a memorandum to the Compt/DDS&T for response to [REDACTED].			
FOLD HERE TO RETURN TO SENDER			
FROM: NAME, ADDRESS AND PHONE NO.			DATE
C/BFD/OSA			
UNCLASSIFIED	CONFIDENTIAL	SECRET	

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